

**WISCONSIN MEDICAID
PRIOR AUTHORIZATION REQUEST / HEARING INSTRUMENT AND AUDIOLOGICAL
SERVICES (PA/HIAS2) COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. The Prior Authorization Request for Hearing Instrument and Audiological Services (PA/HIAS1) is mandatory when requesting PA for hearing instruments. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

The use of this form is voluntary and providers may develop their own form as long as it includes all the information on this form. If necessary, attach additional pages if more space is needed. Refer to the applicable service-specific handbook for service restrictions and additional documentation requirements. Provide enough information for Wisconsin Medicaid medical consultants to make a reasonable judgment about the case.

Providers are required to attach the completed Prior Authorization Request/Hearing Instrument and Audiological Services (PA/HIAS2) to the PA/HIAS1 and physician prescription (if necessary) and send it to Wisconsin Medicaid. Providers may submit PA requests by fax to Wisconsin Medicaid at (608) 221-8616. Providers who wish to submit PA requests by mail may do so by submitting them to the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — PROVIDER INFORMATION

Element 1 — Name — Provider

Enter the name of the requesting hearing instrument specialist or audiologist.

Element 2 — Wisconsin Medicaid Provider Number

Enter the eight-digit Medicaid provider number of the requesting hearing instrument specialist or audiologist.

Element 3 — Address — Provider

Enter the complete address of the requesting hearing instrument specialist or audiologist (including street, city, state, and Zip code).

Element 4 — Telephone Number — Provider

Enter the telephone number, including area code, of the requesting hearing instrument specialist or audiologist.

SECTION II — RECIPIENT INFORMATION

Element 5 — Name — Recipient

Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 6 — Date of Birth — Recipient

Enter the recipient's date of birth in MM/DD/YYYY format.

Element 7 — Telephone Number — Recipient

Enter the recipient's telephone number, including the area code.

Element 8 — Recipient Medicaid Identification Number

Enter the recipient's 10-digit Wisconsin Medicaid identification number.

Element 9 — Sex — Recipient

Enter an "X" in the appropriate box to indicate male or female.

Element 10 — Has the Recipient Ever Used a Hearing Instrument?

Enter an "X" in the appropriate box.

Element 11 — Describe Prior Hearing Instrument Use

Describe the recipient's prior hearing instrument use.

Element 12 — Testing Date

Enter the date, in MM/DD/YYYY format, of the audiological testing/evaluation.

Element 13 — Test Reliability

Circle the proper reliability of the test.

SECTION III — DOCUMENTATION

Elements 14-16 — Audiological Studies or Hearing Tests

Document all audiological testing and results.

Element 17 — Recommendations for a Hearing Instrument

Describe recommendations for a hearing instrument.

Element 18-20 — Signature — Provider, Provider Type, and Date Signed

The signature of the requesting hearing instrument specialist or audiologist is required in this element. Indicate if the provider is a hearing instrument specialist or an audiologist. Enter the date the provider signed the request.